

MILITARY FUNERAL HONORS DUTY RECORD

Name of Participating soldier:

SSN: _____ - _____ - _____

Grade: _____

Unit of Assignment: _____ **UIC:** _____

This soldier is authorized to participate in Military Funeral Honors on the date indicated below. Submit one form for each soldier for each scheduled period of duty, but no more than one period per day.

AUTHORIZING OFFICIAL: _____

Circle the appropriate codes below:

DUTY STATUS

A - Active Duty for military funeral

R - Active Guard Reserve

T - Technician

M - M-Day soldier (not AGR, Tech, AT, ADT, ADSW/FTNGDSW)

O - Other (Civilian Volunteer, ROTC, VSO Member, Retiree, etc.)

PAY STATUS

S - Stipend payable

N - No Stipend due

DATE OF DUTY _____ **Start Time:** _____ **End Time:**

AUTHORIZING ACTIVITY (CAC): _____

CERTIFYING OFFICIAL (DUTY): _____

LOCATION OF DUTY (CITY / STATE): _____

CERTIFICATION FOR STIPEND PAYMENT

(Use this certification block only when the soldier is due payment of the stipend for Military Funeral Honors)

I certify that the individual named performed Military Funeral Honors duty in accordance with published guidance and procedures. I further certify that this individual did not perform this period of duty in a technician status, was not performing active duty under any part of the United States Code (USC) and is due payment of the MFH stipend.

SIGNATURE OF CERTIFYING OFFICIAL

DATE